

# parent permission form

Dear Parents/Guardians,

Girl Scout Cookie Season is almost here! **Through the Cookie Activity, your daughter will learn the power of goal setting, develop self-confidence, learn early business skills and have a very good time along the way.**

Our group is attending the Cookie Rally to jumpstart the Cookie Season. Girls will learn about how to set motivating goals, new tips for driving higher sales and great awards that keep the fun going all year long. They might even discover some yummy new ways to enjoy their favorite Girl Scout Cookies! The Cookie Rally is a high-energy good time with fun for all age levels.

## TROOP/GROUP ACTIVITY PERMISSION FORM

Troop \_\_\_\_\_ is planning to attend a Cookie Rally on \_\_\_\_\_  
The adult(s) in charge will be \_\_\_\_\_ and \_\_\_\_\_ Phone \_\_\_\_\_

### Arrangements for Transportation:

Transportation  is  is not provided.

Time and place of departure \_\_\_\_\_

Time and place of Rally \_\_\_\_\_

Address/ Phone \_\_\_\_\_

Mode of transportation \_\_\_\_\_

**Parents please keep this top portion.**



### Parent Permission: please return to the troop/ group leader.

My daughter \_\_\_\_\_ has permission to attend or participate with troop# \_\_\_\_\_  
in a Cookie Rally on (date) \_\_\_\_\_. I understand that the cost will be \$ \_\_\_\_\_.

### Parent/guardian must provide emergency information:

I can be reached by calling (number) \_\_\_\_\_ during the event. If for any reason, you cannot reach me here, please call (name) \_\_\_\_\_, (number) \_\_\_\_\_  
(relationship) \_\_\_\_\_

\_\_\_\_\_  
Name/ Parent – Guardian (please circle one)

\_\_\_\_\_  
Date

### Special Limitations for my daughter:

I am sending prescription medicine for my daughter in the original container with the name of the prescription and complete instructions for administering. I give permission to the leader to hold and administer to my daughter. (Cross out this section if it does not apply).

I hereby hold the Girl Scouts harmless for any injuries or damages sustained while in attendance. In case of injuries, I hereby authorize and give consent to the leaders of the event to obtain and provide medical treatment and services as are deemed necessary.

\_\_\_\_\_  
Print Daughters Name

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian